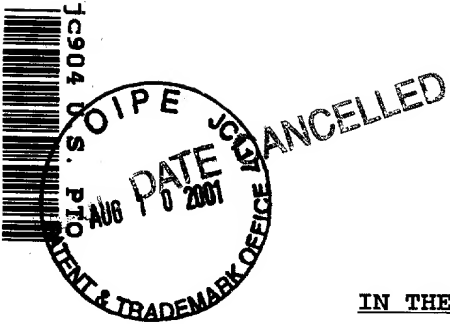


08/10/01



08-13-01

A
JC997 U.S. PTO
09/928267
08/10/01

Docket: 33

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fodor et al.
Filed: Concurrently Herewith Group: Unassigned
Serial No: Unassigned Examiner: Unassigned
For: **An Engineered Recombinant Molecule That Regulates Humoral and Cellular Effector Functions of the Immune System**

APPLICATION TRANSMITTAL LETTER

Asst. Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the ☒ utility ☐ design patent application in this case including:

1. ☐ This application is a ☐ Continuation; ☐ Divisional ☐ Continuation in Part of prior application Serial No. _____ filed on _____ [entire genealogy should be set forth].
2. ☐ This application claims priority from Provisional Application No. _____, filed _____.
3. ☒ The application consisting of 28 pages (including specification, claims and abstract).
4. ☒ 23 sheet(s) of drawings is enclosed. The drawings are:
 - a. ☐ formal; or
 - b. ☒ informal; formal drawings will be submitted in due course.
5. ☐ A signed declaration and power of attorney is enclosed.
6. ☒ A declaration and power of attorney is not enclosed at this time since it has not been executed by the inventor(s). A signed declaration and power of attorney will be submitted in due course.
The inventor(s) is/are _____.

7. ☐ An Assignment of the invention to _____ is enclosed. Please record the Assignment and return it to the undersigned. **TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.**

8. ☐ The Application filing fee is calculated below.

	No. Filed		No. Extra*		Rate:	Fee
Basic Fee:						\$ 710.00
Total Claims:	22	-	20	=	2	x 9.00 \$ 18.00
Indep Claims:	4	-	3	=	1	x 39.00 \$ 39.00

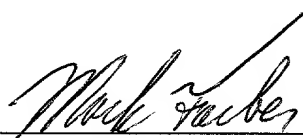
☐ Multiple Dependent Claims Presented + \$270.00 \$ 0.00

TOTAL: \$ 767.00

9. ☐ Please charge Deposit Account No. 21-0550 in the amount of \$_____ which includes filing fee and recordation fee). **TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.**

10. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 01-0483 **TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,



Date: _____

Mark Farber
Reg. No. 34,159
Attorney for Applicant

Mark Farber
C/O
Alexion Pharmaceuticals, Inc.
352 Knotter Drive
Cheshire, CT 06410
(203) 271-8319